



**Division of Environmental Health and Sustainability
Environmental Agriculture Program**

**HOUSED COMMERCIAL SWINE FEEDING OPERATION
ODOR INVESTIGATION FORM**

For use by the CDPHE and local health departments conducting odor complaint response and investigations

Investigator Name: _____ **Affiliation:** _____

Date of Investigation: _____ **Start Time:** _____ **End Time of Investigation:** _____

The last page of the document can be used to provide a sketch map.

Receptor GPS: _____ **Time:** _____

Wind Direction: _____ **Wind Speed:** _____ **Wind Conditions (choose one):** calm, light, moderate, gusty

Description of Conditions (rain, snow, cloudy, sunny, etc.): _____ **Temperature:** _____ F°

Scentometry Reading: _____ Non-Detect _____ 2:1 _____ 7:1 _____ 15:1 _____ other

Notes:

Downwind GPS: _____ **Time:** _____

Wind Direction: _____ **Wind Speed:** _____ **Wind Conditions (choose one):** calm, light, moderate, gusty

Description of Conditions (rain, snow, cloudy, sunny, etc.): _____ **Temperature:** _____ F°

Scentometry Reading: _____ Non-Detect _____ 2:1 _____ 7:1 _____ 15:1 _____ other

Notes:

Up Wind GPS: _____ **Time:** _____

Wind Direction: _____ **Wind Speed:** _____ **Wind Conditions (choose one):** calm, light, moderate, gusty

Description of Conditions (rain, snow, cloudy, sunny, etc.): _____ **Temperature:** _____ F°

Scentometry Reading: _____ Non-Detect _____ 2:1 _____ 7:1 _____ 15:1 _____ other

Notes:

Other GPS: _____ **Time:** _____

Wind Direction: _____ **Wind Speed:** _____ **Wind Conditions (choose one):** calm, light, moderate, gusty

Description of Conditions (rain, snow, cloudy, sunny, etc.): _____ **Temperature:** _____ F°

Scentometry Reading: _____ Non-Detect _____ 2:1 _____ 7:1 _____ 15:1 _____ other

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Description of Conditions (rain, snow, cloudy, sunny, etc.): _____ Temperature: _____ F°

Scentometry Reading: _____ Non-Detect _____ 2:1 _____ 7:1 _____ 15:1 _____ other

Notes:

Information Related to the Odor Investigation	
Terrain Description	Include natural and man-made features the could influence the flow of air
Description of Odor	Determine and document the type and extent of the odor plume. If necessary, document on a map the vicinity of the odor survey. Include any observations made during the survey, including other potential odor sources not related to a HCSFO.
Total Duration of Odor Event	Hours _____ Minutes _____
Possible Source(s)	Facility name and type of facility
Cause of Odor Event	Equipment or process (e.g. lagoon, barn, land application site, cleaning) emitting the odor. Any reason for the odor (e.g. Upset)?
Information from Complainant	Any other relevant information from complainant that was not captured on the odor complaint form
Other Citizens Comments (If applicable)	Summary of any information that neighbors of the facility or complainant may have provided during investigation.
Previous Odor Events Related to the Facility	If known, please provide a summary and a comparison of the current observations with prior observations related to the facility and other odor events.
Has the HCSFO Facility been Notified?	_____ Yes _____ No Date HCSFO facility notified _____
Comments	
Follow Up Action (if necessary)	